

- Section 13 of the State's Prospective Reimbursement Plan for Nursing Facility Services provides that a change in ownership/management of a facility is not subject to review for rate reconsideration. Under the State's current methodology, nursing home payment rates do not increase as a result of a change in ownership.
- The State assures that valuation of capital assets for purposes of determining payment rates for long-term care facilities will not be increased, solely as a result of a change of ownership, by more than as may be allowed under section 1902 (a) (13) (C) of the Act.
- Except for preadmission screening for individuals with mental illness and mental retardation under Section 483.20(f), the methods and standards used to determine payment rates takes into account the costs of complying with the requirements of Part 483 Subpart B.
- The methods and standards used to determine payment rates provide for an appropriate reduction to take into account the lower costs (if any) of the facility for nursing care under a waiver of the requirement in Section 483.30(c) to provide licensed nurses on a 24-hour basis;
- The State establishes procedures under which the data and methodology used in establishing payment rates are made available to the public.
- The State assures that payments to nursing facilities take into account the costs of services required to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident eligible for benefits under Title XIX. Furthermore, the state provides an appropriate reduction to take into account the lower costs, if any, of nursing facility with a waiver under section 1919(b) (4) (C) (ii).

Related Information

In conformity with Title 42 CFR Section 447.255, DSS/DMS is submitting with the findings and assurances the following related information:

- DSS/DMS has determined a projected weighted average per diem rate for each type of long-term care provider after the effective date of the trend factor increase and the amount of increase or decrease represented by the proposed rate. The amounts are as follows:

Provider Type	Before December 1, 1995	After December 1, 1995	Increase/ (Decrease)
------------------	----------------------------	---------------------------	-------------------------

NF	\$0.00	\$146.82	\$146.82
----	-------------------	---------------------	---------------------

\$73.44

\$73.58

\$.14

RLR 7/23/98

APP DEC 22 1998

- DSS/DMS estimates there is no significant impact resulting from the change, either in short-term or long-term effects, on -

- (1) The availability of services on a statewide and geographic area basis;
- (2) The type of care furnished; and
- (3) The extent of provider participation.

APP DEC 7 1988